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STATE NOTIFIES SOME ENROLLEES OF CHANGE IN HEALTH CARE PLANS

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MEMBERS OF MCO URGED TO TALK WITH DOCTORS

NASHVILLE, Tenn.—TennCare is mailing notices this week to over 279,000 members of the state health care program to tell them their health plan is changing. The notification is part of the state's termination of its contract with Access ... MedPlus, one of ten TennCare managed care organizations (MCOs). The contract cancellation is effective October 31, 2001. TennCare is the state's managed care program for 1.4 (m)million people who are Medicaid-eligible, uninsured or uninsurable.

"The most important thing is for members to talk with their doctors," said TennCare Director Mark Reynolds. "We have a back-up health care plan, TennCare Select, that will work with doctors and hospitals to make sure members have access to health care."

All members of Access ... MedPLUS are being transferred into TennCare Select, which is operated by BlueCross BlueShield of Tennessee in a non-risk contract with the state. Members in East and West Tennessee will have 90 days beginning November 1, 2001, to choose another health plan in their region if they do not want to be members of TennCare Select. The state will continue to provide access to health care for Middle Tennessee members of Access ... MedPLUS through TennCare Select.

All primary care physicians, specialists and hospitals that contracted with Access ... MedPLUS who have not yet contracted with TennCare Select may be paid through TennCare Select for up to 120-days, beginning November 1, 2001. During that time period, the state hopes many providers will sign contracts with TennCare Select.

Affected TennCare members who have questions about the change can contact the TennCare Information Line at 1-800-669-1851 or call TennCare Select at 1 800-999-1658. Providers with questions for TennCare may call the agency's Provider Relations division at 1-800-852-2683 or call TennCare Select Provider Services at 1-800-276-1978, and after hours at 1-800-999-1658.

TennCare was started in 1994 under a federal Medicaid waiver, and the state has twice renewed the waiver, which expires Dec. 31, 2001.

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